Application or Docket Number: 10/212494

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---|---|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | minus 20= | 20 |
| INDEPENDENT CLAIMS | minus 3 = | 3 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | ☐ |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐    OR    OTHER THAN SMALL ENTITY

| | SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|
| | RATE | FEE | RATE | FEE |
| BASIC FEE | $375 | | BASIC FEE | $75 |
| | X$ 9= | | X$18= | 20 |
| | X42= | . | X84= | 3 |
| | +140= | | +260= | |
| | TOTAL | | TOTAL | |

## CLAIMS AS AMENDED - PART II    3-1-05

### AMENDMENT A

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | 6 | Minus | 20 | = — |
| Independent | 1 | Minus | 3 | = — |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

| | SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|
| | RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| | X$ 9= | | X$18= | |
| | X42= | | X84= | |
| | +140= | | +280= | |

8/26/05    3-1605

### AMENDMENT B

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | 6 | Minus | 20 | = 1 |
| Independent | 1 | Minus | 3 | = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

| | SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|
| | RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| | X$ 9= | | X$18= | |
| | X42= | | X84= | |
| | +140= | | +280= | |
| | TOTAL ADDIT FEE | | TOTAL ADDIT FEE | |

### AMENDMENT C

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| | | | | |

| | SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|
| | RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| | | | | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐

| | SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|
| | +140= | | +280= | |
| | TOTAL ADDIT FEE | | TOTAL ADDIT FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."